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Pay **Equitas Small Finance Bank Ltd.**

या धारक को Or Bearer

रुपये Rupees **SIXTEEN THOUSAND TWO HUNDRED**

SEVENTY ONLY

अदा करें ₹ **16270**

खा स
A/c No **670910510001461**

चेक नम्बर की जांच करें (BePric) Cheque number's AASHAR number (optional)

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Ashish

AASHISH S/O SUKHBIR SINGH

Please sign above

इसमें सभी शाखाओं पर समतोल में है PAYABLE AT ALL OUR BRANCHES IN CLEARING

NAC

⑈044655⑈ 1100131051 003785⑈ 10

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अदा करें ₹

खा सं
A/c No 670910510001461

चेक प्राप्तकर्ता की अकाउंट नंबर (वैकल्पिक) Cheque receiver's AADHAAR number (optional)

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Aashish
AASHISH S/O SUKHBIR SINGH

Please sign above

इसकी सभी शाखाओं पर समतुल्य में पेेेेे PAYABLE AT ALL OUR BRANCHES IN CLEARING

⑈044654⑈ 110013105⑈ 003785⑈ 10

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या धारक को Or Bearer

रुपये Rupees

अदा करें ₹

खा सं
A/c No 670910510001461

चेक प्राप्तकर्ता की अकाउंट नंबर (वैकल्पिक) Cheque receiver's AADHAAR number (optional)

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⑈044652⑈ 110013105⑈ 003785⑈ 10



MANDATE INSTRUCTION FORM FOR NACH / DIRECT DEBIT

UMRN

Date

DD MM YYYY

Sponsor Bank Code

ESFB0000001

Utility Code

KKBK00122000014160

Create ☒Modify ☒Cancel ☒I/We hereby authorize **EQUITAS SMALL FINANCE BANK LIMITED** to debit tick (✓)SB ☒ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others ☐

Bank A/C Number

670910510001461

with Bank

BANK OF INDIA

IFSC

BKID0006709

or MICR

110013105

an amount of Rupees

THIRTY TWO THOUSAND FIVE HUNDRED FOURTY

32540

Frequency ☒ Monthly ☐ Qtrly ☐ H-yrly ☒ Yrly ☒ As & when presentedDebit Type ☒ Fixed Amount ☒ Maximum Amount

Ref. 1

9711652415

Ref. 2

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

Period

From

DD MM YYYY

To

DD MM YYYY

Or ☒ Until Cancelled

Ashish

Ashish

Ashish

AASHISH

AASHISH

AASHISH

This is to confirm that the declaration has been carefully read, understood & made by me / us I am authorizing the user entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity/corporate or the bank where I have authorized the debit.



MANDATE INSTRUCTION FORM FOR NACH / DIRECT DEBIT

UMRN

Date

DD MM YYYY

Sponsor Bank Code

ESFB0000001

Utility Code

KKBK00122000014160

Create ☒Modify ☒Cancel ☒I/We hereby authorize **EQUITAS SMALL FINANCE BANK LIMITED** to debit tick (✓)SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others ☐

Bank A/C Number

with Bank

IFSC

or MICR

an amount of Rupees

Frequency ☐ Monthly ☐ Qtrly ☐ H-yrly ☒ Yrly ☒ As & when presentedDebit Type ☒ Fixed Amount ☒ Maximum Amount

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